

BBIM INSPECTION COVER SHEET

Name of Inn _____

Website _____

Date of Inspection _____ Number of Guest Rooms _____

Rooms Inspected _____ Overnight Inspection, room used: _____

(List additional rooms below if needed)

Type of Inspection (check only one):

Independent, Walk-Through _____ *Overnight Inspection* _____

Liability Insurance Policy – Company and policy # _____

Amount of Liability Insurance \$ _____

Missouri Sales Tax # _____

County or City License # (if applicable) _____

Lodging Establishment License (RSM03 15-01 1, 5 or more rooms) _____

Fire Extinguisher: Full _____ Manufactured date _____ Discard/Replace _____

Fire Extinguisher: Full _____ Manufactured date _____ Discard/Replace _____

Fire Extinguisher: Full _____ Manufactured date _____ Discard/Replace _____

Inspector Recommends **PASS** _____ **FAIL** _____

Signature of Innkeeper _____ Date _____

Signature of Inspector _____ Date _____